

5-17-01

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	WXT -	571	01/12/01
<b>RESPONSE FORMALITY REVIEW</b>	MD	JCG/RT	051021d

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
1	5/26/01
2	
3	✓ 0
4	0
5	✓
6	✓
7	0
8	0
9	✓
10	✓
11	✓
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13	✓
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16	✓
17	✓
18	0
19	0
20	✓
21	✓
22	✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here